

**SUMMARY FORM****COLLECTIVE BARGAINING AGREEMENT  
PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section I: Agreement Details**

Public Employer: Hunterdon Central Regional High School County: Hunterdon  
 Employee Organization: Hunterdon Central Regional High School Administrators Association Employees in Unit: \_\_\_\_\_  
 Base Year Contract Term: 7/1/2007 6/30/2011 New Contract Term 7/1/2011 6/30/2014  
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	<u>\$1,801,850</u>	<u>\$1,846,898</u>
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>		
Item 4 .....		
Item 5 .....		
Item 6 .....		
Item 7 .....		
Item 8 .....		
Item 9 .....		
Item 10 .....		
Item 11 .....		
Item 12 .....		
Any additional items list on separate sheet Additional Items		
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$1,801,850</u>	<u>\$1,846,898</u>
	(Total)	(Total)

**Section IV: Analysis of new successor agreement****NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$1,801,850

Effective Date (m/d/yyyy)	<u>7/1/2011</u>	<u>7/1/2012</u>	<u>7/1/2013</u>			
Percent Increase .....	<u>2.5</u>	<u>2.5</u>	<u>2.5</u>			
Total cost of increase ..	<u>\$45,048</u>	<u>\$46,387</u>	<u>\$47,501</u>			
Total base salary (successor agreement) .....	<u>\$1,846,898</u>	<u>\$1,893,285</u>	<u>\$1,940,786</u>			

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 2.50  
 Dollar Impact (average per year over term of agreement) \$46,312.00

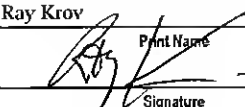
**Section VI**

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan .....	<u>\$195,447</u>	<u>\$210,333</u>				
Employee Contributions .....	<u>\$0</u>	<u>\$27,061</u>				
Prescription .....	<u>\$56,305</u>	<u>\$52,852</u>				
Dental .....	<u>\$17,789</u>	<u>\$17,789</u>				
Vision .....	<u>\$0</u>	<u>\$0</u>				

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

**Section VII**

Prepared by: Ray Krov  
  
 Print Name  
 Signature

Title: Business Administrator  
 Date: 9/7/2012